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St. Bartholomew's Hospital Journal,

JANUARY 14th, 1895.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii, Ode iii.

Introductory Remarks on beginning the Course of Lectures on the Principles and Practice of Physic. 1890-91.

By Sir DYCE DUCKWORTH, M.D., LL.D.

GENTLEMEN,—I have the honour to begin this course of lectures this session. It has long been my ambition to hold the Chair of Medicine in this great School. Now that the time has come, and I succeed to my eminent senior colleague, Dr. Andrew, in this course, I may tell you my feelings in respect of my assumption of the duties of it.

When I reflect on the changes which have so rapidly followed one another in the whole field of medicine, even since the days—now some thirty years ago—when I was a student, I naturally feel rather overwhelmed by the vastness of the subjects, and their complexity, compared with their condition at the time I refer to. I could hardly place before myself a higher standard of teaching than that I listened to in my time, when men like Burrows and Kirkes held forth in this place, when Addison and Gull taught medicine at Guy's, Jenner at University College, Laycock and Begbie in Edinburgh, and Stokes in Dublin. But, in truth, were that now the standard, splendid as it was, it would be deemed inadequate. Could these men be here to-day, they would be the first to acknowledge the fact.

The whole subject of medical education is now a very burning question. I am naturally, as a member of the General Medical Council, much engaged in discussing it.

In particular, the value and necessity of systematic lectures is now much called in question, and for several reasons. First, it is averred that the modern student of medicine is, on the whole, a superior person to the average of his predecessors; that he is more highly educated, and can therefore read and think for himself. Secondly, he is now provided with excellent text-books. Thirdly, it is thought that he can better employ his time in clinical study and reading than in listening to lectures which may be dry and tedious, and perchance unprofitable.

I will accept more or less fully all these statements. But mature consideration leads me to believe that the average student still requires the guidance of prelections, and especially requires the inspiration of teachers who know their subjects. Medicine cannot be learned entirely in the study, in the wards, or in museums. It is essentially a practical art, but a good artist is something more than the *habitué* of a studio. He has to acquire the principles of his art, and to be guided in his efforts by the master. The self-made artist is commonly rather a narrow man, and he comes to discover this regretfully as he gets on in life, when it is too late to gain width of conception and fertility of power.

You need your text-books, you need the wards, the deadhouse, and your study; but you also need the personal influence of teachers in all these places. And amongst the great developments of modern teaching in the schools provision is made for this personal directing influence.

Gentlemen, it is no light office that, in a great school like this, we as your teachers hold. We feel our great responsibilities to you, to this place, to the great Profession outside, and, no less, the stimulus to try and be worthy of the great lights that have preceded us on this classical ground. And here and now I would only refer to the man I succeed to-day, my eminent colleague Dr. Andrew, whose learning, skill, and greatness as a physician and a scholar are only equalled by his modesty and sweetness of character. I know, if you do not, what you miss in losing the benefits of his teaching here; and one thing alone consoles me in humbly trying to follow in his steps, and it is this,—the remembrance that I was privileged to be his assistant physician, to be at his side for twenty years while he was pathologist and physician here, and so to imbibe from him something of his earnestness, thoroughness, and love of truth. I gladly tell now of all I owe to him, and would fain take up his torch, fan its flame, and try to carry it well aloft for your guidance.

If we must keep pace with the times, then, we are not to make systematic lectures numerous, tedious, or irksome.

Much of the matter formerly imported into this course related to purely pathological details. This is now taught apart, and so far lectures on medicine are no longer much encumbered with these details.

The whole subject, however, is still too large to be treated in one winter session, nor is it necessary, indeed, to touch every part of it. You will learn here, amongst other things, what subjects we deem of the highest importance for you to know. In this school you have the great advantage of tutorial instruction, and in the hands of my colleague, Dr. West, many points of detail, though of deep importance, will be fully laid before you. A tutorial course is now a necessary supplement to any systematic course, and the Medical Council recognises and recommends this method of instruction.

You will find that systematic lectures differ much—or they should do so—from clinical lectures, relating to principles and general methods

of practice. The teaching in both should agree, for you will hardly have patience with your teacher if he inculcates one method in his prelections and practises another in the wards.

In systematic lectures it is impossible to spare time on details. A large sketch must be drawn for you, and this must be filled in subsequently by clinical study and experience. It is here that you will learn to be schoolmen and theorists. In the wards and in our clinical lectures we shall seek to convert you into artists and practitioners.

Next I will say that in all I purpose to carry out in this theatre I shall seek to be clear, intelligible, and not dull. I could wish it fell to my lot to meet you early in the day, with your best and brightest intelligence to give me. I know that it is hard on a dark winter afternoon, after many hours of work, to give keen attention to a new subject,—and I know, too, how very human human nature is, and I sympathise with it; but I appeal to your better nature, and I count on the diligence and earnestness—which are everywhere notorious—of all the *alumni* of St. Bartholomew's to make our meetings here both pleasant and fruitful.

In the discussion of the parts of the course which fall to me to treat I propose to make no material change. I am not a radical, and so shall not pull up the plantings of my great predecessors by the roots. But I shall hope to bring before you all the latest and approved teachings I can gather. I am not a novelty-monger, as many of you know, and I have a somewhat unfashionable veneration for the past.

I try to conserve what is worth keeping, and to accept what I believe to be solid advances which are trustworthy and dependable.

Were I to introduce any alteration, it would probably relate generally to the very large and important subjects of disease as met with first in its acute, and secondly in its chronic forms.

Disease is disturbance, an interference with the natural course of bodily function. Our bodies are constantly subject to such interruptions, but, happily, possess very often the power not only to suffer them, but to survive them and return to their natural rhythmic functions. The number of diseases or ailments is very large, and the physician's duty is to trace the origin, cause, and locality of each one of them.

In dealing with acute diseases you take the patient's life in your hands, and have but a short time to act for weal or for woe. There may be little for you to do sometimes, but even then you must learn the art of holding your hand. There may be something very urgent and imperative for you to do, and you must know exactly how and when to do it.

In dealing with chronic diseases, which will constitute for you in after life the greater part of your work, the element of time is either for or against the patient. Your conduct of such cases is often less concerned with treatment, strictly so called, than with what I would term management, and relates much to very simple matters of diet and habits,—very simple indeed, but only to be enjoined by those whose knowledge of morbid processes is founded on sound anatomical and physiological knowledge. I need only illustrate what I mean by contrasting your conduct of an acute disease like tonsillitis and your management of a case of chronic diabetes.

I lay stress on the importance of your gaining, while *in statu pupillari*, a sound knowledge of the principles of medicine. If you fail in grasping this now, you expose yourselves to the blasts of various doctrines which are always active and in force in the world, and you may thus, without conscious violence to your moral sense, become the victim of a miserable scepticism on the one hand, or enrol yourselves as believers in some system, some one system of medicine, which is founded on quicksands and fostered by mere credulity or pig-headedness on the other.

You may safely regard all so-called 'systems' of medicine as false and wrong. It may be strange, but it is no less true, that in this the last decade of the great nineteenth century we know for certain of no one single method and no universal system for treating disease. This may sound very unpromising, and may almost scare you from the pursuit of physic as a study. It has scared many, and in its difficulties and abstruseness medicine has less attractions certainly for many minds as compared with what appear to be the certainties and exactness of a study of surgery.

The clinics in every hospital school testify to this, the surgeons always having larger followings than the physicians in their daily rounds. It is a much more tedious proceeding to stand by a bedside and track the hidden processes of disease from organ to organ, and estimate their effects, than it is to see an artery cut down upon or an abscess opened. But remember that in after life, for most of you, you will be far oftener engaged in gauging the effects of chonic disease within the body than in performing even minor details of surgical handicraft. You cannot as students venture to prosecute any line of practice exclusively; and every good surgeon will tell you that if you would be a good surgeon yourself you must know medicine. Hence I sometimes tease my surgical friends by saying that surgery is a very important branch of medicine, and, parenthetically, I would add here that one tendency of modern times has been to bring the physician and surgeon into much closer relation than formerly existed. Lives are now saved which ten years ago even would have been lost, by early surgical interference, and it is the duty of the physician of to-day to determine promptly and accurately when the limits of his art are reached, and operative measures are indicated. The vast improvements in surgery have had their lessons for the physician, and he has been quick to avail himself of them. I need only allude to the triumph of modern surgery in respect of the abdomen, the cranial cavity, and the spinal canal, and in this connection recall what I was taught a quarter of a century back in the following terse sentence—"all abdominal surgery is abominable surgery."* *Tempora mutantur* indeed.

Physicians are often taunted with following fashions in their practice, and quite justly so, as I think. I am ready to condemn every one of them, and I will follow none. There can, and there must be, no fashion in physic. All methods have been and will be absurd. For me, there is no fashion in respect of the use of any method that will do good, ease suffering, and promote a patient's welfare. And so I bleed, I use calomel, I use much, little, or no alcohol, I give simples, I use the most powerful drugs, I use any means; I simply exert the art of the physician, an art founded on many sciences, founded largely, too, on a knowledge of humanity, founded on that growing experience which can only come soundly to any man by constant contact with disease, and by honest observations carried on with an open and docile mind.

That alone, gentlemen, is the temper in which to study physic. And all this knowledge you have, each one of you, to make your own.

No one, not I certainly, can impart it to you. We can only teach you principles and methods.† Study these, copy your instructors, try for yourselves. No books will make you physicians. "What is the best book for a young physician to read to gain a knowledge of his profession?" asked one of the great Edinburgh physician and genius, John Brown. "Book?" said he, "let him read Don Quixote." That was no paradoxical reply, but one charged with a great moral.

"Doctrines and maxims, good or bad, flow abroad from a public teacher as from a fountain, and his faulty lessons may become the indirect source of unspeakable mischief and suffering to hundreds who never even heard his name." "Those thoughts," said Sir Thomas Watson, on an occasion similar to this, "fill my mind with an almost painful sense of the obligation imposed on me by my present office of closely sifting the facts and meditating carefully the precepts which I offer for your instruction and guidance."

It is often asserted of the men we turn out from the schools now-a-days that they are sufficiently learned in the theory of their work, but are very unpractical. This is not quite a true or fair allegation. I have replied to it in the Medical Council by affirming that it is not to be expected that in four years we can turn out skilful practitioners, fully equipped and fit as some men of ten or twenty years' experience; but we do claim to train you here to educate yourselves soundly by bringing into practice the principles and methods we impart to you, and no more can reasonably be looked for. I am prepared to say that the amount of work now accomplished by the average student of medicine in four years' time is highly creditable to him, is far more than those of my standing contrived to do in the same time, and that therefore a fifth year of study, mainly practical and clinical in all branches, is imperatively called for. And your successors will have this fifth year so allotted to them. The increasing demands of medical knowledge call for this. You and the public will both be the gainers in consequence. If the exigencies of modern study render this plan necessary, it may be that we may see our ranks somewhat thinned. If any less worthy aspirants are thus held back, I have no fears for the best interests of our profession.

Gentlemen, I have extended my preliminary remarks beyond the limits I originally purposed. I must not occupy more of your time, but proceed now for the remainder of the hour to direct your attention to the first subject in my course—the functional disorders of the heart.

* Professor Miller, of Edinburgh.

† "Science ascertains principles, Art applies them."

DR. CHURCH, our Senior Physician, has been appointed to deliver the Harveian Oration to the Royal College of Physicians next year.

Some Cases of Paraplegia.

CLINICAL LECTURE BY DR. GEE, NOVEMBER 30TH, 1894.

Reported by L. C. THORNE THORNE, M.B.

CASE 1.—A man æt. 24. Had scarlet fever May last, got up towards the end of last June, and then found he was very weak in the legs; he also had some fainting attacks. He went to bed again for a week, but on getting up found he was still weak on the legs; this weakness continued to increase until he was admitted into the hospital on August 6th, 1894.

Condition on admission.—The muscles of the legs were flabby, and the patient says they were wasted; the movements weak, the knee-jerk natural. All the muscles of the arms and legs react to galvanism and faradism to a slightly stronger current than natural. The muscles are therefore atrophied, but not degenerated. There is some anæsthesia and analgesia of legs. There is nothing distinctive about the gait, and patient is slightly weaker on one leg than on the other. He left the hospital in a few days at his own desire. Two and a half months after, *i. e.* nearly four months from the beginning, he came in again, October 23rd, 1894, having in the meantime been partly in London and partly at the sea-side. His condition was not improved. He walks with his legs apart, dragging them after him. The electrical reactions, reflexes, and sensation are unaltered. Whilst in the hospital he had massage, franklinism, electric baths locally, and strychnia internally. This as a case of simple paraplegia is not a disease of the spinal cord, otherwise we should find other functions affected. It is a functional paraplegia. Patient left the hospital in a few weeks perfectly well.

CASE 2.—A woman æt. 31 was admitted to Hope on November 6th, 1894, with weakness in the legs and excessive reflexes, and pain in the back (a common symptom); this pain is one of muscular debility—a myalgic pain.

Her present condition.—Seven years ago, after a confinement, she kept her bed for some months with "fever." She got up occasionally, and was able to walk a little for a week or so, but except for these breaks she could not walk for eleven months; she was then fairly well for three years, when she got influenza, after which she kept her bed for seven months, being unable to walk from weakness and quivering of the limbs and some anæsthesia. She was then fairly well until five months ago, when she had pain in the belly and chest, and passed blood in her water,—this pain being due to a displaced kidney, to which we need not refer again. For the last two months she has only been able to walk with the aid of a stick.

Here is a patient, then, who has been weak on the legs for seven years, keeping her bed, with varying intervals of being able to get up and about a little. As to the legs there is no apparent loss of sensation either to touch or pain, the movements are weakened. There is no wasting. She cannot stand alone, and has to be supported in walking. Her patellar tendon reflexes are excessive, and ankle-clonus is present. The muscles are more excitable to faradism than natural, a symptom of no value. After some weeks in hospital the patient walks by herself. Such cases often begin gradually by weakness after walking a little distance, and pain in the back (myalgia) often occurs. There is no good name for this condition, its nature not being properly known. *Hypertonic palsy* has been suggested among others and is perhaps the best: "hypertonic" referring to the excessive tendon reflex. One might think it was lateral sclerosis, but there is no rigidity, although it has lasted seven years. There is probably no organic disease at all.

Prognosis is not good. It often lasts a long time, and relapses are apt to occur. It does not lead to anything more serious.

Treatment.—Avoid fatigue; rest, good food, and sunlight.

CASE 3.—Admitted into Luke, October 18th, 1894. One in which there is serious organic disease. A man æt. 49 had a chancre on his penis thirty years ago; no other signs of syphilis. In June, 1894, he had pain in the left hip and shooting pains down the calves; he was treated for sciatica, but has since then gradually got weaker on his legs.

The eyes react to light and accommodation. The legs are wasted, and the movements whilst in bed good; the gait is distinctly that of ataxia. Sensation in the legs is apparently normal, but there is partial anæsthesia of a zone round the body, the region affected being supplied by the tenth and eleventh dorsal nerves. The electrical reactions are normal. Micturition is usually slow to begin.

This might be taken for a case of locomotor ataxia, but the knee-jerks are exaggerated, and ankle-clonus is present. The patient, therefore, has had lightning pains in the legs, but no ocular symptoms, and the reflexes are not abolished, as one would expect in locomotor ataxia. One might think it was a case of spastic paraplegia, but there is only very slight rigidity. It is, in fact, a case of spastic ataxia; anatomically a combined postero-lateral sclerosis of the spinal cord.

The prognosis is bad, there being no probability of recovery.

CASE 4.—Admitted into Hope Ward, November 5th, 1894. She was quite well until two months ago, when she began to feel languid. One month ago she had continuous pain in the neck (myalgic), and later on the back; three weeks ago the pain left the neck and back, and began in the legs. The legs could be moved about all right in bed, but she could not stand without support.

The diagnosis lies between multiple sclerosis and hysteria, or a combination of the two. It is best at first to assume that the patient suffers from the more serious disease, and I am disposed to think that it more often happens that the early stages of multiple sclerosis are wrongly supposed to be hysteria, than that hysteria is mistaken for multiple sclerosis. The course of events usually enables us to clear up the diagnosis before long.

Symptoms.—All the muscular movements are weak; the walk is weak. There are tremors (tromus) of the hands and head, and tremulousness of tongue of two kinds—tremulousness as a whole and fibrillary or partial tremulousness. The patellar tendon reflex is excessive, and ankle-clonus is present, common both in multiple sclerosis and hysteria. There is extreme wasting of her muscles, but the electrical reactions are normal. The chief symptoms, therefore, are muscular weakness, tremors, and excessive reflexes.

Probably a case of multiple sclerosis, inasmuch as the patient is a woman and an adult of about middle age. There is, however, no nystagmus, which should be present, nor is the speech scanning, but natural; neither does the patient walk as a multiple sclerosis, the gait being merely weak and timorous. There is no direct evidence of hysteria, no affection of sensibility, and against hysteria are the tremors of the tongue, a symptom sometimes seen in bulbar paralysis.*

CASE 5.—That of a man, æt. 36, admitted into Luke Ward, November 13th, 1894.

On October 10th his wife died, after which he was despondent, and sat in a cold room for some days, drinking a great deal of beer, and eating little. He has been a great beer-drinker, and has occasionally taken spirits. Three weeks ago he began to have crampy feeling in the calves and weakness of the legs on walking; the weakness of the legs increased and soon began in his arms also.

Legs.—No apparent wasting, gait weak, no tremors. Tendon reflexes are absent in both legs. No ankle-clonus. Three important symptoms, *i. e.* incomplete paralysis of both legs, loss of patellar tendon reflex, some muscles, *i. e.* extensors of toes, tibialis anticus, and peronei, act very feebly to very strong faradaic current. There is, therefore, either *disease of the nerves* or of the *origin of the nerves.* Disease of the anterior horn of the grey matter in the cord is hardly likely in a patient of that age, and not likely to come on in the way the above illness did, therefore it is probably a neuritis. The patient also had a very rapid pulse for some days after admission; 140 per minute on the day after admission. The man has, as before mentioned, been drinking very hard lately, therefore doubtless an alcoholic neuritis.† Contrast the above case with the following.

CASE 6.—In which is disease of the anterior horn of the grey matter on one side (the affected side). A man æt. 25 admitted into Luke Ward on September 24th, 1894.

On August 7th, 1894, the patient suddenly lost the use of his left leg.

On admission, there was complete paralysis of the left leg, except the sartorius muscle, loss of patellar tendon reflex, loss of faradaic excitability, and diminished galvanic excitability, with polar changes in some of the left leg muscles. Taking the nerves, neuritis is seldom other than symmetrical. There might be pressure on the nerves, but the sartorius has escaped.

This is a case of *acute anterior poliomyelitis,* uncommon in adults, and when occurring in children known as infantile paralysis. He left the hospital unimproved.

* Since the above lecture the patient's symptoms have so improved that the case seems to be more probably one of hysteria.

† He recovered the use of his legs after two months' treatment.

THE first operation in the New Theatre was done by Mr. Lockwood (who operated on a case of double inguinal hernia for radical cure) on December 11th, 1894. We intend to print an account of the New Theatre in our next issue.

Notes on Aseptic Surgery.

BY C. B. LOCKWOOD, F.R.C.S.,
Assistant Surgeon to the Hospital.

(*Continued from page* 36.)

WHEN cultures are inoculated with the fluids from the peritoneal sac in cases of perforative peritonitis the *Bacillus coli-communis*, or, as it is often called, the *Bacterium coli-commune*, nearly always grows. I have found it in cultures inoculated from perforation of the stomach, duodenum, and small intestine. Great attention is now given to this microbe because it has been found in the fluid in the sacs of strangulated herniæ, in the pneumonia which often complicates intestinal obstruction, in dysenteric abscesses of the liver, in abscess of the gall-bladder, in prostatic abscess, and in excessive numbers in the diarrhœa of infants. Tavel has found it in wounds. Obviously it is of great importance to surgeons.

The shape of the *Bacillus coli-communis* is rather variable. As a rule the bacteria are short rods with rounded ends, about 0·5 μ broad and 2 μ long. Sometimes coccus forms are met with. Perhaps this diversity of form indicates the existence of more than one species. Tavel and Lanz,* who have lately written an admirable monograph on peritonitis, think that the *Bacterium coli-commune* is like that which was formerly called *Bacterium termo*, and therefore includes several species.

The *Bacterium coli-commune* grows in pairs or in short strings. Spores have not been found. It stains well with aniline dyes, and is decolourised by Gram's iodine solution. It is indifferent, and grows either in the presence or absence of free oxygen. It does not liquefy gelatine. The growth upon the surface of media is in circular colonies, which are heaped up in the centre but thin and transparent at the edge, which is irregular. The central thick part of the colony is a yellowish white, which becomes almost brown as the culture grows older. The colonies in the depth have similar characters, but are smaller and spherical. It is important to note that bubbles of gas are formed in the gelatine. Variations in growth are common, so that a work like Sternberg's† ought to be consulted. The *Bacillus coli-communis* grows rapidly in all kinds of media, such as broth, gelatine, agar-agar, milk, and urine. In the last it soon causes decomposition of the urea, with the production of ammonia. It has probably often been described as the *Bacillus ureæ*. It coagulates milk in a day or two, and this effect is useful for diagnostic purposes. As I have already said, under certain circumstances the *Bacillus coli-communis* produces gas. This fact is of importance in relation to some kinds of peritonitis and emphysema of the tissues. Indol is produced when the *Bacterium coli-commune* is grown in media. Its presence is easily ascertained in broth by the usual nitric acid test.

Under some circumstances the *Bacillus coli-communis* is not very pathogenic. For instance, in perforative peritonitis the peritoneal effusion and lymph may contain countless numbers. Nevertheless the patient seems to be dying from acute intestinal obstruction and distension, and not from bacterial poisoning. This year two cases of this kind have recovered after I had done laparotomy, and relieved the distension by puncturing and incising the intestines, and washed out the peritoneum. Of course the washing out removes but a part of the bacilli. Those which remain are probably dealt with by the peritoneal cells. When large doses of cultures of *Bacillus coli-communis* are injected into the cellular tissues of guinea-pigs or rabbits suppuration ensues. These animals may be killed with very large subcutaneous doses. They suffer from a high temperature and diarrhœa, due to enteritis. The same occurs if the bacillus is injected into the blood-stream. Injected in large doses into the peritoneum or serous cavities, the *Bacillus coli-communis* causes a fibrino-purulent inflammation. In thirty-one cases of peritonitis investigated by Fraenkel* *Bacillus coli-communis* was found in nine, *Streptococcus pyogenes* in seven, *Bacillus lactis-aërogenes* (a close relation of *Bacillus coli-communis*) in two, and *Staphylococcus aureus* in one. In the eleven others were various kinds of bacilli, some of which have not been described.

The most contradictory statements are made about the pathogenic properties of the *Bacillus coli-communis*. Working with fresh cultures from cases of peritonitis, I have found it to be exceedingly pathogenic for some animals. Doubtless much depends upon its source and the dose which is used. Dr. Klein has identified the *Bacillus coli-communis* with a bacillus which causes inflammatory œdema with emphysema of the tissues. Quite recently the *Bacillus coli-communis* has been found by Eisenhart in a fatal case of puerperal infection. If this be confirmed its importance is obvious.

After death the *Bacillus coli-communis* soon emigrates from the intestines, and appears in the various closed cavities, organs, and fluids of the body. A source of fallacy is thus introduced into the study of human tissues. There are probably many other kinds of cadaveric bacilli, but although of great importance to investigators, singularly little seems to be known about them.

The conditions under which the *Bacillus coli-communis* passes through the intestinal wall are beginning to be understood. It seems quite certain that it passes through gut which has gangrened. Further, that injuries far short of gangrene may permit its escape, as in acutely strangulated herniæ in which the bowel is deeply engorged but viable.

* *Ueber die Aetiologie der Peritonitis*, Basel, 1893, p. 160.
† Sternberg, New York, 1892. This is one of the clearest and most useful of the larger and more expensive works on bacteriology.

* "Ueber peritoneale Injection," Alexander Fraenkel, *Wiener klinische Wochenschrift*, 1891, p. 265. This is a very valuable and exhaustive essay.

This important topic has lately been investigated by Arna,* who, by ingenious experiments, found that after from four to forty-eight hours of venous stasis caused by strangulation, the rabbit's intestine permitted the passage of bacteria from the interior to the exterior. The viability of this intestine was definitely proved.

Arna also ascertained that when such bacilli as *hyocyaneus*, *prodigiosus*, or *Subtilis simulans*, had been given by the mouth, they passed through the walls of the constricted bowel.

These experiments are contradictory of those of Waterhouse and Ritter, but it seems reasonable to suppose that bacteria should transude the strangulated gut just as serous fluid does.

It is probable the hæmorrhage into or ulceration of the walls of the intestine also permit the passage of the intestinal bacteria.

The *Bacillus coli-communis* is said to be especially virulent when the bowels have been obstructed or inflamed, also in cases of diarrhœa, typhoid, or cholera.†

The typhoid bacillus, which is very closely allied to the *Bacillus coli-communis*, is met with in abscesses which follow typhoid fever. I have recently found it in an abscess over the tibia. It was still present and alive in the body a year and three months after the original attack of typhoid.

I do not propose to say anything more about the bacteria which are found in septic wounds. Anyone who is convinced by the foregoing that the common diseases of wounds are caused by such bacteria as *Staphylococcus pyogenes-aureus*, *Streptococcus pyogenes*, *Bacillus septicus*, and so forth, must admit that bacteria ought to be excluded. This is the aim of aseptic surgery. Nor can the pathogenic bacteria be excluded apart from the non-pathogenic. As I proceed it will be seen that methods of wound treatment which admit one kind cannot exclude the others. Fortunately, the methods which exclude one exclude all, and, fortunately, those methods are simple.

But for the exclusion of bacteria from wounds we must know whereabouts they are, and how they can be killed. These will be the next topics, but before going on with them, the way to see bacteria in fluids from wounds may be shortly described.

The methods by which anyone can see bacteria in fluids from wounds, or in the pus from a cellulitis or from a pyæmic joint, or in pyæmic urine, are very simple and easy. Every dresser should practise them because the various bacteria only become entities to the mind when they have been seen and, if possible, grown.

Cover-glass preparations have been repeatedly mentioned. They are so easy to make and stain that there is no excuse for the non-examination of fluids from joints, peritoneal cavities, cysts, discharges from wounds, urine, and so forth.

The following is the way to proceed. Thoroughly clean an extra thin cover-slip by dipping it into strong nitric sulphuric, or hydrochloric acid. If these be not at hand, spirit answers fairly well. After removing all traces of the acid, and thoroughly drying the slip, smear upon it the thinnest possible layer of the fluid. I have generally observed that too much is used. Next dry the film of fluid upon the cover-glass by gently heating it over a flame.

The heat required for drying the film is learnt by practice. If the heat is too great the bacteria shrivel up and refuse to stain. Koch* recommends that after the cover-glass preparation is quite dry it should be passed moderately quickly three times through the flame of a Bunsen's burner.

A safe and convenient plan for fixing cover-glass preparations is to hold them for about a minute over the funnel of an argand burner, the flame of which has been turned down until the heat can be comfortably borne by the hand. The idea which I keep in mind in doing this is to dry the albumen in the fluid without coagulating it; remembering also that bacteria, like other protoplasmic elements, are shrivelled up by heat.

When thin fluids like urine or broth culture fluids have been dried upon the slip, great care is required in washing away the superfluous dye. A very gentle waving to and fro in a glass of water is often all that can be done with safety. If the dye does not wash off in water, equal parts of spirit and water may be cautiously tried, with an after washing in water.

The best and most convenient stain for all ordinary purposes is Ziehl's solution of carbol-fuchsin.† It is by far the best stain to keep in stock. It retains its properties for a long time, and there are probably hardly any bacteria which it will not stain. It has the great advantage of not fading, and is an excellent colour for microphotography. The solution is made as follows:—Put 10 grammes of fuchsin crystals in a small glass mortar, and pour over them 10 cubic centimetres of absolute alcohol. Next add 90 cubic centimetres of a 5 per cent. solution of pure carbolic acid in water, and stir with a glass rod until all the dye is dissolved; pour into a stoppered bottle, and label "Solution of Carbol-fuchsin." In this preparation the alcohol helps to dissolve the fuchsin, and it is well to add a little more from time to time: the solution of carbolic acid acts as a mordant and as a preservative. This stain must be kept in a stoppered bottle, as the alcohol and carbolic acid are volatile; also it must be filtered each time it is used. To stain the cover-glass preparations, pour a few drops of the carbol-fuchsin solution upon a filter and allow it to drop upon the film. Leave it to soak for five minutes, and wash off the excess of the dye with

* "Ueber die Durch gänzig keit der Darmwand einge klemm ter Brüche für Mikro-organisms," *Centralblatt für Bakteriologie*, 1893, vol. xiii, p. 173.

† Treves, *Lettsomian Lectures on Peritonitis*, 1894, p. 41. This author has, with much labour, collected a good deal of the literature referring to this important microbe.

* "The Ætiology of Tuberculosis," translated by Stanley Boyd, New Sydenham Society, 1886, *Microparasites in Disease*, p. 77.

† Professor Kühne's small *Practical Guide to the Demonstration of Bacteria in Animal Tissues* gives many hints on staining. It has been translated by Dr. V. D. Harris.

water, or alcohol and water, until the film is sufficiently decolourised to be transparent. Then dry the film again with a gentle warmth, cover it with a drop of Canada balsam dissolved in xylol, and mount upon a glass slide and label at once. To examine the specimen properly a microscope which has an Abbé's sub-stage condenser, a $\frac{1}{12}$ in. oil immersion objective, and a good fine adjustment is required.

Professor Hamilton, in his new and admirable work on Pathology, gives some excellent common-sense rules for the choice of a microscope. It is impossible to attempt modern pathology without such an instrument as that which has been mentioned.

The bacillus of tubercle and the bacillus of leprosy retain fuchsin so tenaciously that they do not give it up even in the presence of strong acids.* Should, therefore, tubercle or leprosy bacilli be suspected, advantage may be taken of this peculiarity. Washing in a 10 per cent. solution of nitric acid will decolourise all bacteria except those of tubercle or leprosy. It is to be remembered, however, that prolonged exposure to strong acids will decolourise tubercle and leprosy bacilli. Wash, therefore, for a few seconds only, and until the film becomes of a slate-colour, not until all its colour has departed.

(*To be continued.*)

Case of Encysted Stone of the Bladder, with Rupture of the Cyst, Peritonitis, and Death.

By WILLIAM ROYDEN, M.A., M.R.C.S., L.R.C.P.

A RETIRED tradesman, æt. 64, had suffered from hæmaturia on and off for nearly ten years. He had no real pain, and, to use his own expression, "if he had not seen the blood in his urine he would not have known that he suffered from any bladder trouble." The blood appeared suddenly, lasted for some days, and disappeared suddenly, and recurred perhaps four or five times in a year.

In September, 1894, I saw him for the first time and sounded him, but detected no stone. The bleeding had then been going on for a week, and finding after a few days it still persisted, and that he was steadily losing flesh and strength, he was visited by Mr. Cadge, of Norwich. At this time the urine had become offensive, it contained a fair amount of dark blood intimately mixed with the urine, but no coagula, very little albumen, no muco-purulent deposit, but small gritty particles of phosphatic matter were discovered. Mr. Cadge sounded but found no evidence of stone, only a hard smooth bladder, slight enlargement of the prostate, but not enough to impede the use of instruments. The bladder was washed out with warm water. In three or four weeks after this he was seized with sharp pain, and voided a small piece of phosphatic concretion. The pain subsided, but recurred in a short time, and again he passed some phosphatic grit and was relieved.

His general health gradually improved, he left his bed, and was able to walk out, and his urine became clear and healthy with only now and then a little blood.

In October, however, pain at the end of the penis and vesical tenesmus came on and persisted for several weeks. Then came on the fatal seizure. I was suddenly called, and found him in a state of collapse, unable to pass any water, with distended abdomen, and all the signs of peritonitis. I passed a soft catheter and drew off only a little very offensive urine, and tried to wash out the bladder with a few ounces of boracic water, but none returned.

His collapse increased, and he died in a few hours.

The necropsy shows that there was acute peritonitis, the bowels were glued together by recent lymph, and there was a quantity of offensive fluid—apparently urine and serum mixed—free in the abdominal cavity; the bladder flaccid and empty; the muscular walls were of average thickness; the mucous membrane was rather dark in colour.

The examination was made under difficulty, and I was not allowed to remove the parts. With the finger, however, the interior of the bladder at first felt smooth and empty, but presently I detected at the lower fundus a small sac with a communication which admitted the tip of the finger unwillingly. In this sac were a quantity of concretions, the largest of which was about the size of a marble; this was composed of white phosphates, loosely compacted into a stone, and had no uric acid nucleus. The sac was apparently composed of mucous and peritoneal coats only, and at its bottom was a round hole through which the urine had escaped to set up the fatal peritonitis.

Remarks.—The occurrence of encysted stone would not by itself call for special notice, but I have never seen or heard of spontaneous rupture of a portion of the containing sac. Mr. Cadge tells me that he has repeatedly observed fatal peritonitis, the starting-point of which was the thin walls of a sac which contained fœtid urine, urine which was probably not regularly changed, and which eventually produced inflammation and even sloughing of the mucous and serous walls of the sac; but he has never seen actual perforation with the escape of urine into the peritoneal cavity.

Biology as a Mental Training for Medical Students.

TO prove the use that a biological training should be to a student of medicine is by no means so easy a task as that of pointing out the practical utility of anatomy and physiology. For while the latter furnish many practical facts which are of use every day in the wards, the former can only claim to bestow indirect advantages on a medical practitioner. But these advantages are none the less real or great because they are difficult of

* Fuchsin is a basic aniline dye, and combines with an acid after the manner of other bases.

demonstration, and it would be well if every man who is now compelled to learn biology could realise what a powerful influence might be brought to bear on his future success by its careful study.

In the first place let me clearly state that biology is not intended primarily to teach medical science or *facts* connected directly therewith. For instance, it is not intended merely to teach men to recognise the characters of a tape-worm or a flea in the out-patient room, or to know which end of its body a leech bites with. Its objects are far deeper and subtler than this, and so I have ventured to express them in the title of this article as "the Mental Training of Medical Students."

So my subject naturally divides itself into two propositions:—First, that medical students require an education beyond that provided by either their school career or by the study of medical subjects; and second, that biology goes some way towards providing this education.

In dealing with the former proposition it is necessary to say something as to the object of a professional education. I will only deal with one point. A profession is distinguished from a trade by this among many other features, that its practice deals with ever-varying factors, and this is true of no profession so much as that of medicine. No two cases of disease are alike, no two patients are alike in either circumstances, disposition, or mode of life; so that as no one method or rule can guide us it is necessary that we should be the masters, and not the servants of our methods, and be able to vary, combine, and direct them at our will, and not merely be the puppets of an empirical system. In short, to do good medical work it is surely the first object to produce a good workman, and the second to provide him with good tools. But it may be asked, Is not this object attained by general school education? and if not, does not the mere acquisition of medical knowledge of itself provide sufficient mental training? To this I would answer that if a man is already educated any fresh process of education is a pure pleasure, which provides rather than absorbs mental energy; and if he is not educated the sooner he is the better, for then he will be fit to acquire the facts which he is going to use, and will know how to use them. The intellectual habit of thought is in this respect like the physical art of swimming: once acquired, its exercise is a keen pleasure; but if its acquirement be shirked till circumstances sternly demand its application, the pitiable flounderings of the uninitiated are only less sad than his pathetic end.

And, again, school education—even the best—is too general, while the study of medical subjects—even of physiology—is too specialised and detailed to produce a scientific mind; so that most men require some kindly intermediate influence to lead them from lines of general thought about men, matter, and force to the specialised study of one microcosm—man.

And biology claims to be just this influence, an influence which focuses all the methods of mathematics, classics, and political economy upon the problem of animal life, its mechanism and disorders. A man may have grasped the exactness of Euclid's logic, but may fail to apply it in so heterogeneous a subject as medicine; or he may be a master of the rules and rhythm of language, and deplore that his profession has neither: but biology supplies the connecting link when it shows him that the human organism is but a part of a vast scheme whose fundamental principles are exactness on the one hand, and rhythmic change and variation on the other. What partial, one-sided, arbitrary knowledge of gravity would a man have who confined his study to the terrestrial manifestations of that force, ignoring the fact that it is the governing principle of the vast solar system of which our earth is but a small part.

And not only is biology an introduction to medicine, because man is the culmination of that "bios" of which it treats, but because the methods of medicine are becoming more and more biological with every stride that science makes. Two instances of this will suffice. The first is bacteriology, with its fascinating exposition of the struggle for existence between the simplest and yet the most wonderful of living organisms—the leucocytes and bacteria—a struggle upon whose issue the human life is often at stake. The second is the law of the morphological differentiation of a simple type under physiological selection, to form all kinds of varying structures with specialised functions. How simple and how beautiful is the development of the typical Arthropod appendages (as seen in the cray-fish), with its simple protopodite, endopodite, and exopodite into organs which serve as sense organs, swimming organs, masticatory organs, and predatory organs, and even as genital organs! And yet by such a simple phenomenon is a willing student introduced to the complex theory of *omnis cellula e cellulâ*, and enabled to understand the relations of the highly differentiated nerve-cell or muscle-cell to the simple leucocyte.

But at this point I feel it necessary to address myself to the objections of the reader of this article, whom I can almost hear saying, "All this is high-flown; and none of us who work in the biological laboratory ever think of such far-fetched similes, and none of us who have not so worked are a bit the losers for our ignorance." I would reply that true knowledge and education are like plants of slow growth, whose fruit is generally not gathered for a long time after they are planted. If you will only be content to learn biology for its own sake earnestly, patiently, lovingly, you will be richly rewarded by-and-by, and the phantom of the examination which haunts, and too often demoralises you, will be so easily passed that your only wish will be that it had been harder and its scope larger, so that your studies might have extended themselves further afield. The fact that the study of biology is an irksome task, and its facts an uninteresting jumble to you, is the strongest proof that you

need its influence, and that you are not yielding to that influence in the proper spirit. The men who have been accustomed to learn propositions of Euclid by heart, to get others to do their mathematical exercises for them, to translate classics by cribs, are the very men who bitterly complain that biology is "no good," and that their valuable time is *wasted* (!) in learning long names about insignificant animals. Well is it for such a man if he humbly learns the lesson and begins to take a pleasure in knowledge for its own sake. But, alas! how often do men blindly shut their eyes to the gift that biology would give them, and "cram" for their examination, and so flounder on to the end of their life, ever refusing to associate "work" with "pleasure"!

Lastly, as to the methods of biology, I can summarise in two words: "Be thorough." Make it a rule in this, as in anatomy and physiology, to learn the maximum that circumstances will permit, and not the minimum that the examiners will allow. In conclusion, three "methods" may be specified, which are especially valuable as a "mental education" to medical students.

1. *Learn facts from personal observation.*—This is in biology far easier than in physiology, and far more interesting than in anatomy. Try to so patiently observe and dissect, that you can see everything you learn about for yourself. Above all, associate facts with objects, and not with names. For example, dissect out, mount, magnify, and draw the excretory tubes of an earthworm before you allow yourself to use such terms as "nephrostomata," &c.

2. *Cultivate the habit of exact comparison.*—This becomes an instinct when practised regularly as a habit. If a frog be carefully dissected and observed, when you begin a dogfish every structure that the scalpel reveals will be contrasted with the former type, and so many and varied facts will be naturally related to one another.

3. *Learn to describe accurately and succinctly all that you see.*—For this purpose the most important process is that of drawing carefully everything you learn; and as with your pencil you build up some structure, put the process mentally into words. Then when you find yourself in the examiner's chair a mental picture of everything you are asked about will present itself to the retina of your brain, and your answer will be both accurate and fluent.—E. W. G.

Obiter Dicta.

How little in abdominal inflammation does the temperature help us to judge whether suppuration has begun! It is not uncommon for the temperature to be even subnormal while there is pus, either free in the peritoneum or localised in an abscess. I imagine that this depends not so much upon the exhausted state of the patient, for he is not by any means always exhausted, as upon the development of some poison from the pus which tends to lower temperature.—DR. GEE.

Cases of Interest.

Swelling of radius, Henry Ward, Bed No. 1.
Tertiary ulceration of palate, Harley Ward, Bed No. 19.
Tumour of base of tongue, Sitwell Ward, Bed No. 9.

Notes.

WE regret to hear that Surgeon-Lieutenant B. G. Seton, I.M.S., Bengal Establishment, who is in charge of No. 16 Native Field Hospital Waziristan Delimitation Escort, was slightly wounded in an attack on the enemy's towers in the village of Kâram, near Kaniguram, on December 22nd, 1894.

* * *

WE have been requested to draw the attention of Governors of the Royal Medical Benevolent College, Epsom, to the candidature of the son of an old Bart.'s man. Ernest Guy Robertson is nine years old, and is the son of Frederick Frier Leslie Robertson, M.R.C.S. (Eng.), M.B. (Aber.), who died in 1891, leaving a widow and four children with very small means. The case is strongly recommended for the election in May, 1895, by Sir W. D. King, J.P., Henry Rundle, F.R.C.S., E. J. Wallace, M.D., E. Elliott, M.D., and others, all of Southsea, and by Joseph Walker, M.D., of Grosvenor Street, W.

Proxies will be thankfully received by Mrs. Robertson, Crescent Lodge, Kingston Crescent, Portsmouth.

* * *

CHRISTMAS was kept in the hospital with the usual festivities. The wards were prettily decorated and various entertainments, such as Christmas-trees, bran-tubs, marionettes, and teas were arranged for the patients. Many visitors were seen going from ward to ward, and all seemed to be enjoying themselves; certainly no patient had a chance of forgetting that it was Christmas.

* * *

WE are glad to hear that at the last meeting of the Medical Committee, on the proposition of Dr. Thorne-Thorne, F. J. Waldo, M.A., M.D., Cantab. D.P.H., was appointed to the newly created office of "Tutor in Public Health to St. Bartholomew's Hospital Medical School."

Dr. Waldo has for some time assisted Dr. Thorne-Thorne, unofficially, in preparing Bart.'s men for the D.P.H. by taking them with him on his outdoor sanitary rounds, over works and institutions having special hygienic interest.

Dr. Waldo is an old Bart.'s house physician; he subsequently conducted special bacteriological and chemical research in Koch's private laboratory (at the expense of the German Empire), and has also worked in the laboratories of Pasteur in Paris, and of Pettenkofer in Munich. Dr. Waldo is at the present time Medical Officer of Health to St. George's, Southwark, and to the two Temples. We congratulate the Committee on their selection for the new office.

IN THE LIST of St. Bartholomew's teachers who are taking offices in connection with the coming meeting of the British Medical Association published in last month's JOURNAL we omitted to state that Mr. Edgar Willett is Secretary to the Pathological Museum Committee, Mr. W. T. H. Spicer is Secretary to the Section of "Ophthalmology," Mr. D'Arcy Power is Vice-President of the section of "Diseases of Children," Sir Dyce Duckworth is Chairman of the Reception Committee, and Mr. Walsham is Chairman of the Soirée Committee.

* * *

DR. DRYSDALE, who has been in charge of the Bacteriological teaching during Dr. Kanthack's absence, has been appointed Casualty Physician to the Hospital, *vice* Dr. H. M. Bowman.

* * *

DR. H. H. TOOTH has been appointed an additional Examiner in Medicine for the second part of the third M.B.Cantab. This appointment is in consequence of the large and increasing number of candidates.

* * *

DR. F. DE HAVILLAND HALL, who was educated at St. Bartholomew's before he became a member of the Staff of the Westminster Hospital, has just succeeded to a full physiciancy, *vice* the late Dr. Sturges.

Amalgamated Clubs.

NEW MEMBERS.

D. Jeaffreson. E. A. C. Matthews. J. C. M. Bailey.
A. E. Jeaffreson. A. M. Sheppard. T. M. Body.
C. F. Lillie. E. J. Buttar. J. A. Willett.
T. H. Molesworth.

FINANCE COMMITTEE.

AT a meeting of the Finance Committee held on December 17th, 1894, a report from the cricket and tennis clubs recommending (1) that on the day of opening of the new Club ground at Winchmore Hill there should be a cricket and a lawn-tennis match.

(2) That the cricket match be, if possible, between "Past" and "Present" students.

(3) That if possible there be a "Past *v.* Present" tennis match.

(4) That the date of the opening ceremony be Saturday, June 8th, 1895.

After a discussion it was resolved to refer this report to the Medical School Committee for their opinion before deciding to adopt it.

The question of the "colours" of the Amalgamated Clubs was also discussed, and ultimately was referred to a sub-committee, consisting of Mr. James, Mr. Codrington, Mr. Nimmo, Mr. Baird, and the Secretary for consideration and report.

AMALGAMATED CLUBS.

BALANCE-SHEET FOR THE YEAR 1893–4.

Cr.

	£	s.	d.
By Members' Subscriptions, as per subscription book	578	12	0
By Subscriptions from Hospital Staff	10	10	0

Audited and found correct according to vouchers and bank pass book.

H. J. WARING.
A. N. WEIR.
P. O. ANDREW.

£589 2 0

Dr.

	£	s.	d.	£	s.	d.
To Grants to Clubs:						
Rugby Football Club	51	16	10			
Association Football Club	48	19	0			
Boxing	27	17	3			
Athletic	34	1	4			
Cricket	50	16	10			
Swimming	9	5	0			
Lawn Tennis	50	3	7			
				272	19	10
To Abernethian Society, 123 members at £1 1s. ...				129	3	0
To Musical Society Grant from Staff due from last year				20	0	0
To deficit on JOURNAL Account*				92	14	9
To Maintenance and Reserve Fund				74	4	5
				£589	2	0

MAINTENANCE AND RESERVE FUND.

Cr.

	£	s.	d.
By Balance from last year	164	7	1
„ Funds as per General Account	74	4	5
„ Abernethian Society's share of *Year-book*	3	15	0
	£242	16	6

Dr.

	£	s.	d.
To stamps for cheques	0	8	4
„ subscriptions to Hare and Hounds	3	3	0
„ wages of clerk	5	0	0
„ Messrs. Adlard, for printing *Year-book* and cards, &c.	24	11	1
„ Secretary's petty cash	4	0	0
„ balance to next account	205	14	1
	£242	16	6

Audited and found correct according to vouchers and bank pass book.

H. J. WARING.
A. N. WEIR.
P. O. ANDREW.

* The deficit on the JOURNAL account is owing to the bankruptcy of our late publishers, who owe us £135. We hope, however, to recover the major portion of this amount.

RUGBY FOOTBALL CLUB.

ST. BARTHOLOMEW'S HOSPITAL *v.* BRIGHTON.

THIS match was played at Preston Park, Brighton, on November 24th. The game was started at 3.15 in the presence of about 3000 spectators. Play settled down in mid-field, and in the scrummages which took place our forwards showed to advantage. Marrack, Hodgkin and Nunn were instrumental in transferring the ball to the home twenty-five, and Brighton were forced to concede a minor. From a scrummage in the centre Philbrick got off, but was pushed into touch in our twenty-five. Bond and Dunn brought the ball back, and Andrew crossed their line, but was ordered back for a scrummage. Brighton shortly after had to touch down again. The only score in the match was now obtained by Duckworth, who after a fine run scored a try near the corner flag. The place kick failed.

Early in the second half our forwards showed signs of flagging, and were penned by their opponents, but Goodman relieved by kicking into touch at the centre, which seemed to rouse our pack, for they rushed the Brighton men into their own twenty-five, where we were awarded a penalty kick, but Bond failed at goal. Play now became of a give-and-take character, first one side and then the other gaining the advantage, but nothing further was scored, and Brighton thus won a fast and well-contested game by one try to *nil*. Bond, Bennett, and Andrew were most noticeable for the Hospital.

From the team given below it will be seen that we were without Wilson and Ridout.

The team.—H. Goodman (back); J. W. Nunn, A. E. Hodgkins, H. Bond, S. Mason (three quarter backs); G. C. Marrack, F. E. Everington (half-backs); P. O. Andrew (captain), H. M. Cruddas, W. F. Bennett, F. G. Richards, A. L. Ormerod, W. M. James, J. W. Hughes, and J. C. S. Dunn (forwards).

BART.'S *v.* WICKHAM PARK.

Played at Lee on December 1st, in cold and foggy weather, resulting in a win for the Hospital by two tries to one penalty goal (3 points).

Andrew lost the toss and kicked off up the hill, Wickham Park being one man short for the first ten minutes. Play was chiefly confined to the forwards, who were pretty evenly matched, Wickham having a slight advantage in weight. The Hospital forwards, by means of keeping the ball loose, managed to work up to the twenty-five, and a fine bout of passing among the outsides ended in Nunn scoring far out. The kick at goal failed, and the teams crossed over without any further score being added.

In the second half play continued very even. Several times the Hospital lines were in danger, but Bond was very safe. From a free kick awarded to the Hospital, Marrack rushed up, and dribbling past the back, scored a try behind the posts, but the kick again failed. After the drop out play was of a give-and-take character, first one and then the other side holding an advantage. The three quarters on both sides were marked very carefully, and consequently got few opportunities. Wickham Park were several times very nearly over the Hospital line, but the defence was too good. They were given a free kick in front of goal for off-side play, from which Snowden placed a goal. Nothing further was scored, and the game resulted as stated above.

Team.—H. Bond (back); J. W. Nunn, C. S. Ridout, W. H. Randolph, A. E. Hodgkins (three quarters); G. C. Marrack, A. Hawkins (half); P. O. Andrew (captain), H. M. Cruddas, A. L. Ormerod, A. J. W. Wells, W. F. Bennett, F. G. Richards, J. W. Hughes, W. J. Codrington (forwards).

LEICESTER *v.* ST. BARTHOLOMEW'S HOSPITAL.

Woodyatt returned Andrew's opening kick for the Hospital, and play ruled mid-field. It could be seen that Bart.'s were going to play a much better game than was expected, for although their opponents, by means of short kicks into touch, were the first to press, the tackling of the backs, and more especially of Bond, left nothing to be desired. Simpson, for the home contingent, was the first to distinguish himself by a run, but Hitchcock aided his side by his kicking. The best piece of play in the first half was a burst of the Hospital forwards from the centre almost up to the goal line, the ball, in short, quick passes, travelling between Andrew, Roger Wilson, Wells, Randolph, and Hodgkins. The leather was then kicked over the line, and Ormerod forced Brown to touch down. Later the crowd greatly applauded some clever passing and repassing between Hitchcock, Lewis, and Woodyatt, the latter eventually kicking down to the twenty-five, and Bond was collared before he could return. A rush by the home forwards, headed by Akers, took the ball to a corner. A miserable result ensued to a free kick awarded the "Saints," and, from a scrummage, Foreman dashed round and got a try just by the corner flag. No goal resulted. About five minutes later Randolph, by intercepting, gave his side a chance, and, after some smart forward play, in which Wilson distinguished himself, Mason got over, but Andrew failed at goal. Until half-time Ridout and Randolph were of great service to their side, and Bennett put an end to some clever passing between Foreman, Lewis, and Hitchcock just before the whistle sounded.

Bond, in the second half, tackled time after time, and brought off one or two sensational saves, the game getting very exciting, as Leicester were pressing hard to win. The winning try for Leicester was obtained by Cook near the corner; although Bond tackled him he was lifted by a colleague over the line. Then the whistle blew. The crowd of 5000 cheered, and the Hospital men left, defeated by 2 tries to a try, but after giving the victors a splendid game. The students, and more especially the forwards, are to be congratulated on playing so good a game. They are the more to be praised as both Guy's and St. Thomas's Hospitals had been beaten, the latter easily, the week previously.

Team.—H. Bond (back); A. E. Hodgkins, C. S. Ridout, W. H. Randolph, S. Mason (three quarters); G. C. Marrack, T. Martin (half); P. O. Andrew (captain), R. P. Wilson, H. M. Cruddas, W. F. Bennett, A. J. W. Wells, A. L. Ormerod, F. G. Richards, J. C. S. Dunn (forwards).

ST. BARTHOLOMEW'S HOSPITAL *v.* EASTBOURNE.

This match was played at Eastbourne on December 15th, and resulted in a win for us by two tries (6 points) to *nil*.

Our team was not a representative one, Bond, Wilson (on account of the North *v.* South match), Hawkins, and Ridout being absent.

The play throughout was bad; the forwards played each one for himself, and never formed a decent scrum, thus spoiling any chance which their halves might have had of feeding the three quarters.

The tries were obtained by Wells and Randolph.

After the match Dr. Harding entertained us at dinner, for which we tender him our heartiest thanks.

Team.—S. F. Smith (back); J. W. Nunn, A. E. Hodgkins, W. H. Randolph, S. Mason (three quarters); G. C. Marrack, T. Martin (half); P. O. Andrew (captain), H. M. Cruddas, W. F. Bennett, A. J. W. Wells, A. L. Ormerod, F. G. Richards, J. C. S. Dunn, W. J. Codrington (forwards).

ASSOCIATION FOOTBALL CLUB.

NOT so many matches as usual were played during December owing to the Christmas vacation beginning in the middle of the month. Of the four matches played by the first eleven we won three and drew one. Beating Casuals, and making a draw with Royal Ordnance, we consider very good performances, both being very fast and exciting matches. The fixtures with Ealing and Maidenhead were scratched, the former being engaged in a cup tie on that date, and the Christmas vacation preventing our being able to raise a team against the latter.

In the London Cup we are drawn against Ilford, on their ground in the first round of the Competition proper. This will be a hard game to win, as Ilford have been doing exceedingly well this year, but we hope to manage to beat them, and get into the second round.

In the Middlesex team C. A. Robinson has been selected to play inside right, and H. J. Pickering is chosen as left half-back in the Reserves.

Our record up to the Christmas vacation is as follows:

	Played.	Won.	Lost.	Drawn.	Goals. *For.*	*Against.*
First Eleven	17	10	3	4	51	27
Reserves.....	17	10	5	2	50	30

RESULTS FOR DECEMBER.

				Goals. *For.*	*Agst.*
Sat., Dec.	1.—Windsor and Eton	at	Windsor	3	2
,, ,,	1.—Holloway Sanatorium	,,	Virginia Water	3	5
Wed., ,,	5.—Hermosa School	,,	Ealing	5	3
Thurs., ,,	6.—Royal Ordnance	,,	Greenwich	3	3
Sat., ,,	8.—Crouch End Reserves	,,	Hornsey	3	1
Thurs., ,,	13.—Casuals	,,	Leyton	2	1
Sat., ,,	15.—St. Albans	,,	St. Albans	2	1
,, ,,	15.—Tonbridge	,,	Tonbridge	0	4

The draw for the Inter-Hospital Association Cup resulted as follows:

First Round.

A. University College Hosp. *v.* St. Mary's Hosp.

Byes.—Guy's, St. Thomas's, St. Bartholomew's, London, King's, Middlesex, and Charing Cross.

Second Round.

B. St. Bartholomew's Hosp. *v.* London Hosp.
C. Charing Cross Hosp. *v.* Middlesex Hosp.
D. St. Thomas's Hosp. *v.* King's College Hosp.
E. Winner of A *v.* Guy's Hosp.

Semi-Final.

F. Winner of C *v.* winner of E.
G. Winner of D *v.* winner of B.

Final.

H. Winner of F *v.* winner of G.

The first named in each instance has choice of ground except in the case of the semi-final and final, which must be played at Leyton.

Saturday, Dec. 1st.—ST. BARTHOLOMEW'S HOSPITAL *v.* WINDSOR AND ETON.

The above fixture was played at Windsor, before a good number of spectators. In the first half Marshall scored a good goal from a long shot at right half-back, and shortly afterwards Talbot put in a good shot from the left wing, and scored a second goal for Bart.'s. The home team several times made some good attacks, but only scored one goal during the first half, and on crossing over Bart.'s were leading by two goals to one. The game became somewhat rough at times during the second half, and numerous fouls were given. Waterhouse scored a third goal for Bart.'s, and another goal was scored by Windsor, and when time was called we left the field victorious by three goals to two.

Team.—E. P. Court, goal; R. P. Brown, C. G. Watson, backs; J. C. Marshall, C. C. Costin, H. J. Pickering, half-backs; A. Hay, R. Waterhouse, right wing; J. F. Fernie, centre; T. H. Talbot, E. W. Woodbridge, left wing.

Thursday, Dec. 6th.—ST. BARTHOLOMEW'S HOSPITAL *v.* ROYAL ORDNANCE.

A good crowd assembled to witness this match at Maze Hill, Greenwich. Fernie kicked off for Bart.'s, and, not long after the game had commenced, Fryer put in a hot shot and scored the first goal. Royal Ordnance then attacked our goal for some time, and from a "scrum" in front of goal one of their forwards equalised. Fast play continued until half-time, and, neither team having scored again, the teams were on level terms on crossing over. The second half was also hard fought, the forwards of both teams making very good runs, and the combination was also good. Fryer scored a second goal, and almost immediately afterwards Bryan headed the ball for the Ordnance, and once more the score was even. On re-starting the Ordnance attacked, and after Fox had saved several shots a third goal placed the home team one ahead. The Bart.'s forwards soon after made a good run, and Robinson, after a splendid dribble, scored the third goal for Bart.'s. Play continued fast until time was called, the game ending in a draw, 3 goals each.

Team.—E. H. B. Fox, goal; R. P. Brown, L. E. Whitaker, backs; W. H. Pope, C. C. Costin, H. J. Pickering, half-backs; A. Hay, C. A. Robinson, right wing; J. F. Fernie, centre; E. H. Fryer, E. W. Woodbridge, left wing.

Thursday, Dec. 13th.—ST. BARTHOLOMEW'S HOSPITAL *v.* CASUALS.

The Weybridge match on December 12th having been scratched Casuals agreed to play us on the following day at Leyton. A strong wind was blowing, and Casuals, having won the toss, agreed to play against it during the first half. Bart.'s attacked nearly the whole of the first half of the game, and, had it not been for the splendid goal-keeping of R. H. Foy, would certainly have scored several times. However, when the whistle blew neither team had scored. Soon after commencing play again in the second half Fernie made a magnificent run down the field, and, outpacing both the backs, scored the first goal for Bart.'s. Casuals then had several shots at goal, and from a throw-out by Fox, T. N. Perkins got possession and scored for Casuals. Not long before time Woodbridge centred well and Robinson headed the ball through. Nothing more was scored, and Bart.'s thus won by 2 goals to 1.

Team.—E. H. B. Fox, goal; R. P. Brown, L. E. Whitaker, backs; J. S. Mackintosh, C. C. Costin, H. J. Pickering, half-backs; A. Hay, C. A. Robinson, right wing; J. F. Fernie, centre; T. H. Talbot, E. W. Woodbridge, left wing.

Saturday, Dec. 15th.—ST. BARTHOLOMEW'S HOSPITAL *v.* ST. ALBANS.

This match was played at St. Albans, the home team having secured a splendid new ground this season. St. Albans pressed at the start but did not score, and about a quarter of an hour after play had commenced Pope put in a splendid long shot from right half-back which the St. Albans goal-keeper failed to stop, and at half-time we were leading by 1 goal to *nil*. From a struggle in front of goal one of the St. Albans forwards sent in a shot which struck the post, and Rose afterwards fisted out, but the referee blew his whistle, thinking it had gone through, and allowed the goal for St. Albans. Hay scored the winning goal for Bart.'s after the St. Albans goal-keeper had saved several shots. Result:—Bart.'s 2 goals, St. Albans 1.

Team.—E. F. Rose, goal; R. P. Brown, L. E. Whitaker, backs; W. H. Pope, C. C. Costin, H. J. Pickering, half-backs; A. Hay, C. A. Robinson, right wing; J. F. Fernie, centre; E. H. Fryer, E. W. Woodbridge, left wing.

FIXTURES FOR JANUARY.

Sat.,	Jan.	5.—Old Wilsonians	at Denmark Hill.
,,	,,	5.—Leigham	,, W. Norwood.
Wed.,	,,	9.—Old Brightonians	,, Edmonton.
Sat.,	,,	12.—Crouch End	,, Edmonton.
,,	,,	12.—Old Vermontians	,, Away.
Wed.,	,,	16.—St. Mary's (Southampton)	,, Southampton.
,,	,,	16.—Holloway Sanatorium	,, Virginia Water.
Sat.,	,,	19.—Barnes	,, Edmonton.
Wed.,	,,	23.—R. M. A.	,, Woolwich.
Sat.,	,,	26.—Ashford United	,, Ashford.
,,	,,	26.—Tonbridge	,, Tonbridge.

Abernethian Society.

December 6th.—The eighth Ordinary Meeting of the Society was held, the President being in the chair. The Minutes having been read, Dr. Roberts showed a case of intra-uterine constriction or of embryonic mal-development. Dr. Champneys considered it was a case of deformity due to both the named causes. Mr. Maidlow read a short extract from Meade on maternal impressions.

Dr. Roberts then read a paper on the common causes of white leg, which will appear at a later date *in extenso* in the JOURNAL. A discussion occurred afterwards, in which Dr. Champneys took part, and Dr. Roberts having replied the meeting adjourned.

December 13th.—The ninth Ordinary Meeting of the Society was held, the President, Mr. Cross, in the chair. The minutes having been read, the President called upon Mr. Berry to read a paper on "Fractured Patella." He showed some very interesting results from various methods of treating this injury. He came to the conclusion that primary wiring or suturing should never be performed.

A discussion afterwards took place, Mr. Berry replied, and after a vote of thanks to the reader of the paper the meeting was adjourned.

January 10th.—The Mid-sessional Meeting of the Society was held in the medical theatre.

There was a good attendance of members, but the nurses were missed; the absence of a chaperon through unavoidable circumstances prevented their appearance. Mr. Maidlow, the President, was in the chair, and after the minutes were read he called upon Dr. Lauder Brunton to give the address "On Little Things." Dr. Brunton first of all touchingly referred to the great loss Sir James Paget had recently sustained through the death of his wife. Afterwards he pointed out the great importance of investi-

gating and being able to rightly construe the smaller details in observations on science and medicine. Dr. Brunton made his address most interesting by interspersing his more solid advice with anecdotes, and illustrating these by drawings. A fuller report of the address will appear in a later number of this JOURNAL.

After a few remarks from the President, Dr. Horne proposed, and Mr. Weir seconded, a vote of thanks to Dr. Lauder Brunton, which was carried with acclamation. Dr. Brunton said it always gave him great pleasure to address Bart.'s men, and the meeting was adjourned.

The Christmas Entertainment.

ON the 3rd and 4th of January the usual Christmas Entertainment was given by the St. Bartholomew's Hospital Amateur Dramatic Club in conjunction with the St. Bartholomew's Hospital Musical Society. On the 2nd a similar entertainment was given to those patients who could be moved to the Great Hall for the occasion. We print the programme in full. The acting seemed hardly up to the standard of former years, but was yet extremely good, while the musical portion of the programme showed a very marked improvement upon the Summer Concert.

PART I.

OVERTURE ... ... "Poet and Peasant" ... ... *Suppé.*

"THE BURGLAR AND THE JUDGE."

A Farce in One Act.

By F. C. PHILLIPS and C. H. BROOKFIELD.

Characters

(By Members of the Hospital Amateur Dramatic Club):

Mr. Justice Gyves	Mr. L. C. THORNE-THORNE.
Parkhurst	Mr. F. V. BICE.
Joe	Mr. J. C. POWELL.

SCENE.—Mr. Justice Gyves' Dining-room.

PART II.

ORCHESTRA ... ... Selection from 'Carmen' ... ... *Biset.*

PART SONGS { "The Douglas Raid" ... ... *Oliveria Prescott.*
"Break, break" ... ... *G. A. Macfarren.*
"The Miller's Wooing" ... ... *Eaton Faning.*

After Part II there will be an Interval of 15 Minutes.

PART III.

OVERTURE ... ... "Le Philtre" ... ... *Auber.*

"OLD SOLDIERS."

An Original Comedy in Three Acts.

By H. J. BYRON.

Characters

(By the Members of the Hospital Amateur Dramatic Club):

Lionel Leveret (a young country gentleman)	Mr. J. HOBDAY.
Cassidy (his servant, formerly in the army)...	Mr. J. BOYAN.
Captain McTavish (unattached)	Mr. F. J. CLOWES.
Gordon Lockhart (attached)	Mr. R. F. STANDAGE.
Major Fang	Mr. C. H. R. PROVIS.
Podger	Mr. W. C. DOUGLAS.
Kate McTavish (Captain McTavish's only daughter)	Mr. MARTIN COOKE.
Mary Moss	Mr. B. J. COLLYER.
Mrs. Major Moss (widow and woman of the world)	Mr. J. C. POWELL.

ACT I . . . . . RECRUITS.
Scene.—Outside of Leveret's Cottage.

ACT II . . . . . VETERANS.
Scene.—The same.

ACT III . . . . . MUTINEERS.
Scene.—Inside Leveret's Cottage.

Between the Acts will be played Selection from 'Gaiety Girl,' &c.

Conductor.—Mr. R. W. METCALFE, Mus.B.

Stage Manager.—Mr. J. BOYAN.

Assistant Stage Manager.—Mr. G. H. FORMAN.

Acting Manager.—Mr. F. J. CLOWES.

The first piece—"The Burglar and the Judge"—did not afford scope for much brilliant acting, but the three parts were admirably taken. Mr. J. C. Powell is hardly as good, perhaps, in a male part as in a female one, but his "Joe" was distinctly good, as also were the "Judge" and "Parkhurst," as played by Messrs. L. C. Thorne-Thorne and Mr. F. V. Bice respectively. The "Judge" part, inasmuch as it necessitated the display of considerable emotion, was distinctly the most difficult, and Mr. Thorne-Thorne is to be congratulated on his rendering of it.

In the second piece the acting was very good throughout, and the scenery very prettily arranged; the players knew their parts well, and the faults and peculiarities so characteristic of amateur actors were distinctly rare. There had evidently been much careful rehearsing, and the stage managers, Messrs. J. Boyan and G. H. Forman, and the acting manager, Mr. F. J. Clowes, are to be congratulated on the general effect.

Mr. Boyan's "Cassidy" was magnificent; his Irish brogue was maintained throughout in a perfect manner, and he well deserved the applause which the audience gave him. Mr. Hobday as "Lionel Leveret," and Mr. Clowes as "Captain McTavish," did some excellent acting, and showed that they thoroughly understood and knew how to play their respective parts. The other three male parts were also worthy of commendation.

As regards the female parts—that never-failing source of amusement in the performances of the Bart.'s Amateur Dramatic Club,—though they were well *acted*, the actors did not seem to fit their parts so well as has been the case on several former occasions; this was their misfortune, not their fault.

Mr. J. C. Powell as Mrs. Major Moss was sublime, but Mr. B. J. Collyer's angularity was not hidden by the "properties" of "Mary Moss," and Mr. Martin Cooke's tones could not be brought by the wildest flight of imagination within the range of female voices. Still, difficult as it may be for a man to play a male part well, it is immeasurably harder for him to play a female part, and the actors to whom female parts were allotted well deserve praise for the excellent manner in which they attacked the difficulty.

The musical portion of the programme was excellently carried out under the direction of Mr. R. W. Metcalfe, Mus.B., to whom the thanks of the Hospital are again due for his kindness.

The number of visitors to be seen among the orchestra was as usual large, and though we are not ungrateful to the visitors for their assistance, we cannot help thinking what a pity it is that their presence should be necessary in an orchestra with so large a number of students to draw from.

The part songs, especially the 'Miller's Wooing,' were a great improvement on anything of the sort that has been done in Bart.'s for some time.

The Hall was crowded on both nights as usual, there being not even standing room to spare, and every one seemed to enjoy the entertainment thoroughly. Certainly the popularity of the Bart.'s Christmas entertainment shows no sign of diminution.

St. Bartholomew's Hospital Smoking Concert Club.

THE third concert of the season took place at St. James's Restaurant on Saturday, 8th of December. There was a very considerable increase in the attendance,—in fact, about half-time the room was crowded in every part.

Mr. Furnivall occupied the chair, and rattled through the programme without any of those halts to which we are accustomed. This was a distinct improvement. The programme opened with a pianoforte solo by Mr. Collingwood Banks, and was followed by a song, "The Charmed Cup," well sung by Mr. E. C. Frend. Some of the performers not having put in an appearance, Mr. Bolton stepped into the breach, and casting off for the moment that austere countenance begotten of a long course of subscription hunting, he successfully performed the difficult feat of singing the "Royal Fusiliers" and scattering smiles upon his friends at one and the same time.

Some of the audience appeared to have heard this song before, and joined in the chorus in the most gratifying manner. Mr. Bolton received an "encore," and told us that girls in general were all very well, but give him "Nancy Lee, Yo Ho!" but nobody seemed disposed to oblige him.

Somebody must really speak to Mr. Birdseye, we cannot afford to lose our comic men like this—where was he?

Mr. S. F. Smith sang a remarkably pretty song, entitled "Asthore," and then Mr. Newington obliged with "We'll all go a-hunting to-day," which was encored. Mr. Newington is an acquisition to the Club.

There were plenty of good things in the second portion of the programme. Mr. Forman seized a banjo, and having made himself thoroughly comfortable, he gave an excellent comic song, and, in response to a roar of applause, favoured the company with a second, which was even better than the first.

Mr. F. W. Gale, to whom the success of the evening was mainly due, then sang, "What shall we do with our daughters?" and, in response to an unanimous encore, gave "The Night of Bartholomew's Ball;" and on again being encored, he obliged with "The Lament of the Midwifery Clerk." Later in the evening Mr. Gale gave an ocarina solo and some pianoforte selections. This being his last appearance at the Club concerts the audience naturally demanded as much as they could get, so Mr. Gale again appeared, and sang "A Summer's Day in the Surgery."

Mr. P. Furnivall, in a short speech, thanked Mr. Gale on behalf of the committee of the Club for the interest he had taken in the concerts; he hoped that Mr. Gale would see his way to reconsider his decision, and sing again on a future occasion. He concluded by wishing Mr. Gale every success in the approaching examinations. After his health had been drunk, Mr. Gale replied.

The next on the programme was Mr. F. Lindo, who was very successful with his two songs, "That's the chief thing," and "Take a little something;" also with his imitations of leading actors, in which Irving, Beerbohm-Tree, Arthur Roberts, &c., were admirably hit off without being caricatured.

Mr. W. W. Giblin then sang "The Young British Soldier," which met with warm approbation.

Special mention must be made of Mr. H. J. Walton's flute solo, which was much enjoyed.

Mr. R. F. Standage then sang "The Sands o' Dee." He is fast becoming a favourite with the Club.

The next item was a song by Mr. E. Cross, "Honey, my Honey," which was well rendered.

Mr. H. J. Paterson sang "Father O'Flynn," the audience joining in the chorus.

Mention must also be made of Mr. A. H. Wade, whose songs were much appreciated.

A most enjoyable evening was brought to a close by singing "God save the Queen" and "Auld Lang Syne."

Dr. Herringham, Dr. Lewis Jones, Dr. Fletcher, and Mr. Bailey represented the teaching staff. Dr. Herringham and Dr. Fletcher bore up manfully until they had heard the ocarina solo, when they suddenly remembered an engagement and left. Dr. Lewis Jones and Mr. Bailey sat it out with admirable fortitude, and were not even seen to flinch. There must be something in electricity after all.

One word in conclusion to the executive of the Club: is it necessary to hold the concerts at a place where they charge six shillings a bottle for whisky and sixpence a glass for beer?—"ONLOOKER."

The Cambridge Graduates Club of St. Bartholomew's Hospital.

THE Nineteenth Annual Dinner of this Club was held on November 19th at the Café Monico. There was an excellent attendance, forty-three being present. Sir George Humphry and the Master of Downing came down specially from Cambridge for the occasion, and it gave great satisfaction to the members of the Club to learn that the Professor of Surgery had recovered in great measure from his recent illness.

Dr. Griffith occupied the Chair, and after the usual loyal toast had been drunk he proposed the health of the Club, giving an interesting account of its origin and development. To this Sir George Humphry responded, and referred to the pleasure he felt at being able to be present after his recovery from illness.

Dr. Shelley proposed the health of the Secretaries, Dr. Tooth and Dr. Fletcher. Hitherto the attendance at this Dinner has been entirely limited to members of the Club, but it was decided, following a proposition of the Secretaries, that at the Dinner in 1895, being the twentieth Anniversary, members should be allowed to bring guests. During the evening Dr. Shelley gave a very amusing recitation, and Herr Galrein played two solos on the 'cello accompanied by Mr. Burns. Mr. Blandford sang a couple of songs.

In conclusion, the Master of Downing proposed the health of the Chairman, and this was drunk enthusiastically; and so terminated a most enjoyable evening.

Clinical Lectures.

THE following lectures will be given during the three months from January to March.

Medical.—Fridays, at 1 p.m.

Jan.	11th	Dr. Church.
,,	18th	Dr. Gee.
,,	25th	Sir Dyce Duckworth.
Feb.	1st	Dr. Hensley.
,,	8th	Dr. Church.
,,	15th	Dr. Gee.
,,	22nd	Sir Dyce Duckworth.
Mar.	1st	Dr. Hensley.
,,	8th	Dr. Church.
,,	15th	Dr. Gee.

Surgical.—Wednesdays, at 2.45.

Jan. 16th ..... Mr. Smith.

Gynæcological.—Dr. Champneys, Thursday mornings at 9 a.m.

Appointments.

PATERSON, H. J., M.A., M.B., B.C.Cantab., has been appointed Junior Assistant Anæsthetist, *vice* Mr. Charles Buttar resigned.

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BRIDGES, E. C., M.B., B.S.Dur., M.R.C.S., L.R.C.P., has been appointed Junior House Surgeon to the Great Northern Hospital.

HUTLEY, C., M.R.C.S., L.R.C.P., has been appointed Junior House Surgeon to the Wakefield Clayton Hospital.

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MAHOOD, ALLAN, E., M.B., M.Ch., M.A.Oxon., R.U.S., F.R.C.S., who was a student of Bart.'s when reading for the final F.R.C.S. last year, has been appointed Medical Officer and Public Vaccinator for the Northern District of Bideford Union.

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BLACKER, A. BARRY, M.D.Lond., has been appointed Assistant Electrician to the Hospital.

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BYERS, H. S., M.B.(Dur.), L.R.C.P., M.R.C.S., has been appointed Junior House Surgeon to the Northern Hospital, Liverpool.

* * *

CARRÉ, L. J. G., M.D., L.R.C.P., M.R.C.S., who was a student of Bart.'s for a year or two, has been appointed Registrar and Anæsthetist at the Royal Hospital for Children and Women, Waterloo Bridge Road.

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BOOTH, HENRY, L.R.C.P., M.R.C.S., to be Medical Officer of Health to the Brentford Local Board.

Examinations.

S. K. ALCOCK, H. W. Armstead, W. A. Clark, H. O. Davies, M. L. Hepburn, W. B. Jones, J. Morrison, and K. Rogers have passed the Examination for the degree of M.D. in the University of London.

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C. COLES, M.D., and G. W. Willoughby, M.D., have passed the M.D.Lond. (State Medicine) Examination.

* * *

S. S. F. BLACKMAN has passed the 1st part (Pharmaceutical Chemistry) of the 2nd M.B.Cantab.

* * *

H. L. BROWNLOW, L.R.C.P., has been admitted a Fellow of the Royal College of Surgeons of England.

* * *

THE following have passed the 2nd part (Medicine) of the 3rd M.B.Cantab.:—L. Falkener, E. C. Hedges, W. Norbury, J. B. Norris, O. Paget, J. H. Pead, Ll. C. P. Phillips, J. J. Taylor, and Howard Marshall.

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H. P. PLACHECKI has passed the First M.B.Cantab. in Chemistry and Physics.

* * *

THE following have passed the Second M.B.Cambridge in Anatomy and Physiology, viz. J. Gutch, C. C. I. Turnbull, A. E. Carsberg, A. C. Hill, and C. S. Myers.

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J. ATLEE and L. G. Glover have been admitted to the degree of M.D. in the University of Cambridge.

* * *

G. B. WOODROOFE has been admitted to the degree of M.B. of the University of Cambridge.

* * *

F. C. POYNDER has been admitted to the degree of M.B. of the University of Oxford.

* * *

L. B. BURNETT, W. G. Clark, A. Eichholz, J. Woolley, and G. V. Worthington have passed Part I (of Surgery and Midwifery) of the Third M.B.Cambridge.

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W. McA. ECCLES and E. P. Paton have recently taken the M.S. degree of the University of London. Mr. Eccles obtained the Gold Medal.

Reviews.

PHYSIOLOGY FOR BEGINNERS, by M. Foster, M.A., M.D., F.R.S., and Lewis E. Shore, M.A., M.D. (Macmillan, 1894.)—Under what are known as the New Regulations of the Conjoint Board, the examination in Elementary Physiology has disappeared. A student has now but one examination, which may be looked upon as corresponding to the second examination of previous years. A student at the present time attends a course of lectures on Physiology in his second winter session, and with these passes through a course of practical work in the Physiological Laboratory. If he is reasonably diligent he may hope to pass in Anatomy and Physiology at the end of this session. But this entails a very considerable amount of hard work, and the majority of students find it more satisfactory to spend an extra three months in revising the studies of the winter session, and present themselves for examination in the succeeding July.

We may take it that in the case of the average student it is a matter of some difficulty to be sufficiently prepared in the subject of Physiology to go up for examination at the end of the winter session. The chief cause of this is that the subject is largely new to them when starting at the commencement of the session. This leads us to consider how far an elementary study of Physiology should be included in the course of Biology which a student passes through before commencing the study of Physiology proper. In our own school it is very plainly recognised that biology is not simply morphology, and a considerable amount of our success in the examination in biology is to be attributed to this. It must be clearly understood that a student is liable to be called upon to display an elementary knowledge of physiology in this examination, and his success in this is an element in his prospective success in the later examination in physiology.

We are brought, then, to consider how much physiology should be taken in conjunction with his biology. A book has lately been published which seems to us to conform very satisfactorily with the requisite demand. This is the *Physiology for Beginners*, lately published by Professor M. Foster and Dr. Lewis Shore. This book is written in even a more elementary and didactic style than the *Elementary Lessons* of Professor Huxley. It appears to us to furnish exactly the amount of knowledge in physiology which should be expected from a candidate presenting himself for the examination in biology. And we can recommend the book with the firm conviction that a student will find the paths of his later study of physiology made vastly more easy to follow.

PRACTICAL LESSONS IN ELEMENTARY BIOLOGY, by P. T. B. BEALE, F.R.C.S, (J. and A. Churchill.)—This little book, consisting of twenty lessons in elementary biology, is intended primarily for use in connection with the practical work required by the examination of the Conjoint Board, and it must be confessed that in many respects it serves its purpose well. We fancy, however, that most Conjoint students will find two lessons (presumably of two hours' duration each) upon such a type as the dog-fish rather short for the acquisition of even a superficial knowledge of this important type. Some of the lessons on the frog, again,

are too full to enable the student to do the work properly; thus, in Lesson XVII, he is expected in two hours to dissect and master the whole circulatory system, the lymphatics, and to prepare specimens of striped and unstriped muscle, and of cartilage. This is too much; it cannot be done in the time. If, instead of arranging the work for twenty lessons, he had doubled the number, and insisted on more thorough work of each, the author would have produced a book of far more value. Still it has its good points, and one of these is that unnecessary detail is omitted, and only important matters insisted upon.

FROM Messrs. Adlard and Son of Bartholomew Close we have received a specimen of a new "Diphtheria Chart" which they are bringing out.

The chart is so arranged that in one long vertical column, representing one day of the disease, are recorded the temperature, pulse, respiration, condition of the urine and bowels, amount and particulars of the antitoxin used, together with the exact time of injection, and the condition of the parts locally affected. Further spaces are arranged for recording other details of interest in the progress of the disease, each under its own special heading, emphasis being very properly laid upon bacterioscopic investigation.

The back of the chart is also arranged so that on it may be recorded observations for which no special place has been prepared on the front of the chart.

We think that the correlation secured by arranging all the observations made on one day in one column is a very great advantage in investigating the usefulness of the antitoxin treatment, besides greatly increasing the facility with which one case can be compared in detail with another; indeed, it may be safely said that, without the aid of standard charts such as these appear to be, the comparison of different cases with one another presents difficulties which are all but insurmountable.

The chart has been especially designed for Messrs. Adlard by Dr. Walter Jobson Horne, late House Physician to Dr. Church. We congratulate Dr. Horne on the completeness of the chart, which really leaves nothing to be desired.

POST-NASAL GROWTHS, by Charles A. Parker (London: H. K. Lewis, 1894, pp. 96).—Under the term "Post-nasal growths" the author only includes that variety of disease of the naso-pharyngeal region which by the majority of surgeons is known as "adenoid vegetations of the naso-pharynx." The second chapter of the work has already been published in our Hospital Reports of last year. In the first chapter the symptoms of the disease are given in detail, and the pathology also is discussed. The third chapter deals with deafness and other complications, whilst the final one is devoted to a consideration of the diagnosis and treatment. As a small monograph upon the affection under consideration the book can be recommended; but we do not agree with the growing practice of devoting a whole volume to a single disease, especially when that disease presents few if any difficulties in its diagnosis and treatment.

A PRACTICAL MANUAL OF DISEASES OF WOMEN AND UTERINE THERAPEUTICS, by H. Macnaughton Jones (London: Baillière, Tindall, and Cox, 1894, pp. 766; 487 illustrations).—This volume is the sixth edition of the work. According to the author the book has been in great part re-written, and is completely rearranged and re-illustrated. Some chapters of the former edition have been omitted, and in their place other chapters have been added, notably those on tubal pregnancy and ovarian and uterine tumours, the material for which has been supplied by Mr. Bland Sutton. In a short appendix the recent advances in gynæcological pathology and treatment are incorporated. Like most books upon gynæcology, it contains many statements which may be considered either incorrect or scarcely justifiable; but on the whole the book can be commended to the student as containing a fairly representative account of gynæcological practice.

SWIN, SWALE, AND SWATCHWAY, by H. Lewis Jones, M.A., M.D., assisted by C. B. Lockwood, F.R.C.S. (Waterlow and Sons, 10*s.* 6*d.*)—This is a handsome and most interesting book, which all Bart.'s men should read. In it Dr. Lewis Jones and Mr. Lockwood relate some of the experiences and recollections of their numerous cruises in their three-and-a-half-ton sailing boat among the rivers, creeks, and reaches of the lower Thames. The estuary of the Thames and the numerous waters connected with it, such as the Medway and its many creeks on the Kentish side, and the Crouch, the Roach, and the Blackwater on the Essex bank, form a fine sailing ground, full of interest and not without an element of danger. The numerous extensive sand-banks at the mouth of the Thames and its tributaries, many only covered by shallow water even at high tide, render an accurate knowledge of the various buoys and light-ships an absolute necessity. These banks, separating the many anastomosing channels and creeks of deeper water, are in places of great extent, and render navigation difficult except in favorable weather. Difficult though the navigation may be, any one who will explore the reaches of the lower Thames in a small boat, with shallow draught and not too much keel, will be well repaid by the fun there is to be had in wandering along the out-of-the-way parts of the Kent and Essex shores. How well he will be repaid may be learnt by a perusal of "Swin, Swale, and Swatchway," which teems with interesting anecdote and adventure. Dr. Jones gives us some useful particulars of the sort of boat required, of the best places to make our head-quarters, and takes us on various trips through the numerous "Swins" and "Swales" and "Swatchways," telling us in a chatty way of the many things to see, and dangers

to avoid. As an example of these dangers, and of Dr. Jones' way of describing them, we may quote the following passage:

"I was cruising one summer with a friend, and on this particular occasion was more or less acting as pilot. We had turned her down all the way off Faversham Creek against a north-east wind, and reached the Swin Middle Lightship at low water. The breeze was fresh, and we had come along capitally with the ebb. Somewhere off the Maplin Light we overtook and passed a big ketch, bound north. Our owner meant business that day, and was holding on to his big jib like grim death, although we were getting green water into it pretty often; and the crew, resigned to the chances of a ducking, was standing by all ready to jump forward to clear away the wreck in case the head-gear carried away. However, fate was kind, and the jib and jib-sheet and bowsprit all held. . . . Well, when we had reached the Swin Middle Light the flood began to make up hard against us, and the end of it was that we could not weather the Whitaker Beacon, and had to make a few boards off and on, and then stand her over the sand inside it. There was a nasty sea over the flat as we went across, not without some anxiety, but the lead gave us our water all the time, and only one of the breakers managed to get aboard, and that not badly, and soon we were over it, and heading for the Swallow-tail Buoy and in the fair way for Burnham. Then we began to ask ourselves where was the entrance to the Burnham River. We saw some trees on the horizon, looking as if they grew out of the water and we steered or them, thinking they were on Foulness Point, but soon found ourselves shoaling, and at last touched the ground. What was the matter? Were we too far to the southward and on the Maplin, or were we too far north and on the Buxey? We felt all at once as if we had totally lost our way, and, anchoring quickly, we pulled out the compass, and took the bearings of the lightship, and the South Buxey Buoy, and the Whitaker Beacon. That soon told us what was wrong. We had been heading for the Maldon River by mistake, and the course steered had been right across the Buxey. . . . Luckily, no harm was done, and we steered a compass course until we made out the entrance to the Burnham River. This was a lesson in the use of the compass, and convinced us that it is not safe to go down Swin without one" (pp. 116—118).

The book is beautifully illustrated with twenty-eight views; the illustrations are well done, and are executed from Dr. Jones' own photographs. We cordially commend the book to our readers.

Obituary.

LADY PAGET.—It is with the deepest regret that we have to record the death of Lady Paget—the wife of our respected veteran in Surgery, Sir James Paget, Bart.—which took place on Monday, January 7th, at her residence, 5, Park Square West, Regent's Park. Lady Paget, who was eighty years of age, was the daughter of the Rev. Henry North, Domestic Chaplain to the late Duke of Kent, and was married to Sir James in 1844, who was then Warden of the College. Only last summer we had the pleasure of congratulating Sir James and Lady Paget on the occasion of their golden wedding. The funeral took place on Thursday, January 10th. We offer our most sincere and heartfelt sympathy to Sir James and his family in their bereavement.

Correspondence.

To the Editor of St. Bartholomew's Hospital Journal.

SIR,—I see a letter in your current issue signed "Golfer," in which it is suggested that efforts should be made to obtain a golf course near the new ground at Winchmore Hill.

Though not a golfer myself, I can quite understand his feelings, and I agree that a close relationship between past and present students is "a consummation devoutly to be wished," but I fear that there are very great difficulties to be overcome, about which I will write a few lines. I was born and brought up at Winchmore Hill, and have been in practice there for nearly ten years, so that I may claim some knowledge of the locality. There are no large grazing farms for three or four miles, and the land is cut up by a great number of small roads and lanes, so that it would be difficult to get one hundred acres not intercepted by lanes. There is also a great deal of market garden and nursery cultivation, with a mile or two of tomato houses; the soil also in most places is a sticky clay, and waterlogged for two or three months in the year.

However, it is possible that a course might be obtained about one and a half miles north-west of the new club ground, and I should be most happy to assist with maps and my local knowledge any gentleman who thought it worth while to come down and prospect the neighbourhood; and if an active committee were formed, probably some satisfactory arrangement might be made.—I remain, yours obediently, F. CRESSWELL.

COTTERSTOCK, WINCHMORE HILL, N.;
December 20th, 1894.

To the Editor of St. Bartholomew's Hospital Journal.

DEAR SIR,—Will you kindly permit me to correct a printer's error which occurred in my letter *re* the "Abernethian Society" in your last issue?

The line I refer to runs, "Another event is the friction between some of the junior members *of* the Committee." What I wrote in my letter was, "Another event is the friction between some of the junior members *and* the Committee."

As will be readily seen, the mistake implies the existence of a friction between the members of the Committee which, I am advised, does not exist.—I am, &c., NUNC AUT NUNQUAM.

Births.

FARRAR.—Dec. 17th, the wife of Reginald Farrar, M.D., Stamford, of a son.

MAYNARD.—On Sunday, Dec. 9th, 1894, at the Medical Officers' Quarters, General Hospital, Calcutta, the wife of Surgeon-Captain F. P. Maynard, M.B., F.M.S., of a son.

Marriages.

BELDING—LIGHTING.—Dec. 5th, at St. James's Church, Standard Hill, Nottingham, Davy Turner Belding, L.R.C.P., M.R.C.S., of East Dereham, Norfolk, to Elizabeth Lighting, of Nottingham, second daughter of the late Chas. Lighting of Newark.

SCHOFIELD—NUNN.—Jan. 1, at St. Mary's Church, Adderbury, Oxfordshire, Gerald Schofield, M.D., son of Thomas Schofield, Esq., of Cromwell Road, South Kensington, to Constance Emily, second daughter of Philip W. G. Nunn, L.R.C.P.Lond., M.R.C.S.Eng., of Bournemouth, Hants.

Death.

PAGET.—On Jan. 7th, 1895, Lady Paget, wife of Sir James Paget, Bart., aged 80.

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